



RECORDS REQUEST - ATTACHMENT B

AFH AND LICENSEE NAME		LICENSE NUMBER
INSPECTION DATE	LICENSOR NAME	
INSPECTION TYPE <input type="checkbox"/> Initial <input type="checkbox"/> Re-inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Follow-up <input type="checkbox"/> Monitoring		

Licensee/Resident Manager: Please provide the following documents to the licensor:

- Resident and Staff List: Please complete as soon as possible for the licensor to review.
- Location of the resident records, including negotiated care plans.
- Location of personnel files, including orientation, CPR, First Aid training, TB testing, background inquiry information, basic or modified training, continuing education, and specialty training as required.

*Further records and information may be required by the licensor during the re-inspection process.
Thank you for your assistance.*